U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10044

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/09 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name Lynn P. Karner	Name Plumbers LU, 93 U.A. Labor Organization File Number 035/66
P.O. Box, Bldg., Room No., if any	P.O. 8ox, Building and Room Number, if any
Street 13719 Wadsworth	Street 31855 North U.S. Highway 12
city Wadsworth	City UOLO
State 71 ZIP Code + 4 600\$3	State <i>IL</i> ZIP Code + 4 60073
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests slons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	NONE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	MONE
City	
State ZIP Code + 4	
Signat	ure
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying	erjury and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	: : :
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
StateZIF OOGE / 4	
	12.b. Amount, Nove O
	12.0. Althount, PAGNE U
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Frade Name, if any:	
· ·	·
P.O. Box, Bldg., Room No., if any	
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ity (
tate ZIP Code + 4	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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I have reviewed the D.O.L. Filing Form LM-30, an overview of Union Officer and Employee Reporting. Based on these guidelines, on my personal recollections and available records, I do not have any reporting for the calendar year 2004. The LM-30 is being filed in order to qualify as part of the D.O.L. amnesty program for 2004 and the prior five years.